

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006193

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4213 Registrar's No. 50

FILED FEB 19 1963

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montrose</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If outside, give location) <u>4147 Beauty Lane</u>	
3. NAME OF DECEASED (Type or print) First <u>Emile</u> Middle <u>Jean</u> Last <u>SCHMIDLIN</u>		4. DATE OF DEATH <u>Feb. 12 - 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-22-31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) <u>Philadelphia Penn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Emile L. SCHMIDLIN</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Clayton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT <u>Joyce Schmidlin</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unnatural Cause</u> DUE TO (b) <u>Crushed Chest.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>one vehicle Accident Highway 52 - Mo.</u>	
20c. TIME OF INJURY <u>8 a.m.</u> Month, Day, Year <u>2-12-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Crushed beneath overturned tractor-trailer</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 52 - Mo</u>	20f. CITY, TOWN, OR LOCATION <u>3 mi S. Montrose</u>	COUNTY <u>Henry</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>unattended</u> to _____ and last saw her alive on _____ Death occurred at <u>8:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title)		22b. ADDRESS <u>1065 3rd Clinton Mo</u>	22c. DATE SIGNED <u>2-13-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Happy Valley</u>	23d. LOCATION (City, town, or county) (State) <u>Elizabethton, Tenn</u>
24. FUNERAL DIRECTOR <u>Oscar Eckharts</u>	ADDRESS <u>Appleton City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 13-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigums</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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FEB 27 1963

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul J. [Signature]

Licensed Embalmer No. 3990

P. O. Address Oscoda, Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

2-13-63

(M.B.)